



MANDATORY PHYSICIAN'S ORDERS for SUMMER CAMP

P.O. Box AB, Millbrook, NY 12545 Fax: 845-677-5976

This page must be filled out and signed by your child's Physician and submitted to Cary by June 15.

Camper's Name: _____ **DOB:** _____

Table 1. Standard Over-the-Counter/PRN Medications

The following medications are available at camp and will be administered at the discretion of the Health Director or Designee, if approval is indicated by the camper's Healthcare Provider:

Drug Name	Route	Dosage	Indications	Physician's Order		Comments
Antibiotic Ointment	Topical	Per label instructions	Superficial cuts/abrasions	Yes	No	
Hydrocortisone Cream	Topical	Per label instructions	Allergic reactions (contact dermatitis, insect bites)	Yes	No	
First Aid & Burn Cream	Topical	Per label instructions	Pain/itching from minor cuts, burns, scrapes	Yes	No	
Saline Solution/Eye Wash	Topical	Per label instructions	Dust/sand/debris in eye	Yes	No	
Sting Stop	Topical	Per label instructions	Insect bite or contact with stinging nettle	Yes	No	
Alcohol Wipes	Topical	Per label instructions	Superficial cuts/abrasions	Yes	No	
Tecnu (skin cleanser)	Topical	Per label instructions	Exposure to poison ivy	Yes	No	

Table 2. Prescription Medications: This includes Epi-Pens, Ritalin, asthma inhaler, etc. Please complete with the patient's current regimen for both scheduled and PRN medications.

Drug Name	Route	Dosage and Schedule	Indications	Health Care Provider Order	Comments

Physician: Please complete both sides of this form and sign the back.



Camper's Name: _____ DOB: _____

Additional Over-the-Counter/PRN Medications: Add any over-the-counter/PRN medications that apply to the camper that are not already covered by Table 1. Examples: Benadryl, ibuprofen, etc.

Drug Name	Route	Dosage and Schedule	Indications	Health Care Provider Order	Comments

Campers taking any prescription medications or additional over the counter/PRN medications while at camp **MUST be able to self-administer the medication** under the supervision of the Camp Health Director/Designee. Camp Health Directors are only permitted to dispense medications that are listed on this form by the child's doctor.

Immunization Record for Ecology Camp

Dear Physician: Please attach an Immunization Record for the child and sign below to authorize 1) the Medication information you provided and 2) the immunization record is complete.

I certify that the attached list of immunizations submitted reflect the required/recommended immunizations for the following diseases:

All grades (2nd through 12th):

- Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)
- Hepatitis B vaccine
- Measles, Mumps, & Rubella vaccine (MMR)
- Polio vaccine (IPV/OPV)
- Varicella (Chicken Pox) vaccine

In addition to the vaccines listed above, the following are required for grades 6-12:

- **Grades 6-12:** Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)
- **Grades 7-12:** Meningococcal conjugate vaccine (MenACWY)

Physician's Name: _____	Phone #: _____	License #: _____
Address: _____	Signature: _____	Date: _____